

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400279143

Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 47120 4. Contact Name: JOEL MALEFYT
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6828
 3. Address: P O BOX 173779 Fax: (720) 929-7828
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-33792-00 6. County: WELD
 7. Well Name: STREAR Well Number: 19-10
 8. Location: QtrQtr: SESW Section: 10 Township: 2N Range: 67W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 04/13/2012 Date of First Production this formation: 04/20/2012

Perforations Top: 7606 Bottom: 7624 No. Holes: 54 Hole size: 0.38

Provide a brief summary of the formation treatment: _____ Open Hole:

PERF CODL 7606-7624 HOLES 54 SIZE .38
Frac CODL down 4.5" casing w/ 204,372 gal slickwater w/ 150,200#40/70, 4,000# 20/40.
Broke @ 3,910 psi @ 4.9 bpm. ATP=4,626 psi; MTP=4,922 psi; ATR=59.1 bpm; ISDP=3,107 psi

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/13/2012 Date of First Production this formation: 04/20/2012
Perforations Top: 7396 Bottom: 7624 No. Holes: 114 Hole size: 0.47

Provide a brief summary of the formation treatment: Open Hole:

PERF NBRR 7396-7480 HOLES 60 SIZE .47
PERF CODL 7606-7624 HOLES 54 SIZE .38

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/21/2012 Hours: 24 Bbls oil: 15 Mcf Gas: 90 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 15 Mcf Gas: 90 Bbls H2O: 0 GOR: 6000

Test Method: FLOWING Casing PSI: 1082 Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1225 API Gravity Oil: 47

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: Yes No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 04/13/2012 Date of First Production this formation: 04/20/2012
Perforations Top: 7396 Bottom: 7480 No. Holes: 60 Hole size: 0.47

Provide a brief summary of the formation treatment: Open Hole:

PERF NBRR 7396-7480 HOLES 60 SIZE .47
Frac NBRR down 4.5" casing w/ 250 gal 15% HCl & 234,446 gal slickwater w/ 200,260# 40/70, 4,000# 20/40.
Broke @ 3,417 psi @ 6 bpm. ATP=4,755 psi;MTP=4,893 psi; ATR=60.3 bpm; ISDP=3,316 psi

This formation is commingled with another formation: Yes No

Test Information:

Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: BTU Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: Yes No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: JOEL MALEFYT

Title: REGULATORY ANALYST

Date:

Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)